

**To**

FROM

PERIOD ENDING

CERTIFICATE OF INDIVIDUAL WITH ACCESS TO AF MMPIAs: "I certify to the best of my knowledge and belief that the military member whose name appears in column C on the same line as that bearing my name and signature is the only military member related to me whose MMPA is maintained at the Air Force Accounting and Finance Center, Denver, Colorado 80279."

MEMBERS/EMPLOYEES ASSIGNED TO BASE AFO OR AGENT <i>(Subject to FKA Audit)</i>		MEMBER'S/EMPLOYEE'S SIGNATURE	RELATIVE'S FULL NAME & GRADE	RELATIVE'S DUTY STATION
A NAME	B SSN			
NAME, TITLE & GRADE <i>(Typed or printed)</i>		SIGNATURE		DATE